



U.S. House of Representatives

ACH Vendor/Miscellaneous Payment Enrollment Form

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L.93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to transmit payment data, by electronic means to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

SECTION I

U.S. HOUSE OF REPRESENTATIVES

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|--|---|
| AGENCY IDENTIFIER: 53-6002523 | AGENCY LOCATION CODE (ALC): 00004832 |
| ADDRESS: Office of Accounting | |
| Room 334-A Ford House Office Building, Washington, DC 20515 | |
| CONTACT PERSON NAME: EFT Help Line | TELEPHONE NUMBER: (202) 226-2277 |

SECTION II

PAYEE / COMPANY INFORMATION

| | |
|----------------------|--------------------------|
| NAME: | SSN NO. OR TAXPAYER NO.: |
| ADDRESS: | |
| E-MAIL ADDRESS: | |
| CONTACT PERSON NAME: | TELEPHONE NUMBER: () |

FINANCIAL INSTITUTION INFORMATION

| | |
|--|-----------------------|
| NAME: | |
| ADDRESS: | |
| ACH COORDINATOR NAME: | TELEPHONE NUMBER: () |
| NINE-DIGIT ROUTING TRANSIT NUMBER: _____ | |
| DEPOSITOR ACCOUNT TITLE: | |
| DEPOSITOR ACCOUNT NUMBER: | LOCKBOX NUMBER: |
| TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX | |

SECTION III

CERTIFICATION OF DATA

| | | |
|------------|-----------------|-----------------------|
| NAME: | TITLE/POSITION: | |
| SIGNATURE: | DATE: | TELEPHONE NUMBER: () |